PETITION FOR EXTENSION OF TIME UNDER 37 CF	R 1.136(a) Docket Number (Oolfonet)* ERD 100 CON
Application Number 10/099,830	Filed March 13, 2002
For Therapeutic Systems	
Art Unit 1642	Examiner Brandon J. Fetterolf
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate tee below):	
	Small Entity Fee
Cone month (37 CFR 1.17(a)(1)) \$1	10 \$55 \$_110
Two months (37 CFR 1.17(a)(2)) \$4	20 \$210 5
☐ Three months (37 CFR 1.17(a)(3)) \$9	50 \$476 \$
Four months (37 CFR 1.17(a)(4)) \$14	180 8740 S
Five months (37 CFR 1.17(a)(5)) \$20	3100 \$1005 \$
Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3129. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018.	
I am the applicant/inventor.	·
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/S8/98).	
attorney or agent of record, Registration Number 31,284	
attorney or agent under 37 CFR 1.3	
	November 18 2004
Signature	Dain
Patres L, Pabat	(404) 879-2151
Typed or printed yearne	Telephone Number
NOTE: Signatures of all the inventors or exalignees of record of the entire interest or their representative(s) are required. Substit multiple forms if more than one signature is required, and below.	
Total of forms are submitt	
is collection of information is required by 37 CFR 1.136(a). The Information is required to obtain or rate in a benefit by this public which is to the (and by the SFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 refundes to required, including perfecting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual cases. Any imments on the amount of the your require to complete this form and/or originations for reducing this burden, should be event to the Chief Information Officer.	

comments on the amount of time you require to complete this form analys engagestoms for reducing this burden, should be sent to this Chief Information Office. U.S. Department of Commission P.D. Box 1450, Alexandris, V.A. 2213-1450, DO NOT SEND PESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Contrainssioner for Patients, P.D. Box 1458, Alexandris, V.A. 2221-1450.

ERD 100 CON / 070230-00031

AGE 4/16 * RCVD AT 11/18/2004 9:53:25 AM [Eastern Standard Time] * 8VR:USPTO-EFXRF-1/1 * DAIS:8729306 * CSID: * DURATION (mm-ss):04-24